

## Excellence in Clinical Simulation Training, Education, and Research Award for the Resuscitation Education Initiative (REdI) Champion Calendar Year 2019 Submit all nomination materials via e-mail to vhasimexcellenceawards@va.gov

## **Nominee Information**

Name (as it would appear on award plaque)	
Credentials (e.g., RN, MD, CRNA, FACHE, etc.)	
Position Title	
Location (Facility), Station ID	
Phone	
e-mail Address	

## Submitter Information

Name	
Position Title	
Location (Facility), Station ID	
Phone	
e-mail Address	

## **Narrative Information**

Do not exceed the space allowed in each block (Maximum input is 20 lines, in Calibri Font, 12 sized, single spaced. Excess input will not be evaluated)

Provide details that describe the nominee's contribution to diligently briefing staff and leadership on the benefits of focused resuscitation training, integration of simulation-based resuscitation training into daily operations where appropriate, management of resources, developing planning, and encouraging, recruits, and scheduling staff or instructors to engage in resuscitation training.

**1.** The champion's contributions have significantly influenced VHA's adoption and use of REdI training strategies at their facility, within their VISN, or nationally.

2. The champion's contributions have significantly enhanced staffs' access and compliance with and reporting of resuscitation training at a VA medical facility, within a VISN, or across VHA.

3. The champion's contributions have led to the integration of Basic Life Support and/or Advanced Cardiac Life Support training into day to day clinical operations, which in turn have led to improved Veterans' health outcomes locally and have been disseminated system wide.

4. The champion's advancement of communication regarding VHA Resuscitation Education Initiatives through presentations for VA and non-VA audiences and publications are easily accessible to VA clinicians and leaders.

Required Documentation: includes <ul> <li>Short biography, resume, or Curriculum Vita</li> <li>VA Form 0235 Security Check for Candidate Requiring Approval from the Secretary</li> </ul>					
<b>Required Endorsements:</b>					
Nominee's Medical Center Director	Date	Nominee's VISN Director	Date		